

# **EXHIBIT B**

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Vactor Manufacturing Inc.  
1621 S. Illinois St.  
Streator, IL 61364

RA 122 311 055 US

2. Article Number  
(Transfer from service label)

~~RA 122 311 055 US~~ ~~400 144 055 US~~

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

x S. Boik

☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

S. Boik

## C. Date of Delivery

3-28-05

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☒ No

## 3. Service Type

☐ Certified Mail ☐ Express Mail  
☒ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes